

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	502	3/29
TYPIST	370	4-5-90
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final Original	8/90 7/92
1 ✓ A	
2 ✓ A	
3 ✓ A	
4 ✓ A	
5 ✓ A	
6 ✓ A	
7 ✓ A	
8 ✓ A	
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BEST AVAILABLE COPY

SYMBOLS	
<	Rejected
=	Allowed
- (Through number)	Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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